



Diseases and Conditions

Proctitis

By Mayo Clinic Staff

Proctitis is an inflammation of the lining of the rectum. The rectum is a muscular tube that's connected to the end of your colon. Stool passes through the rectum on its way out of the body.

Proctitis can cause rectal pain and the continuous sensation that you need to have a bowel movement. Proctitis symptoms can be short-lived, or they can become chronic.

Proctitis is common in people who have inflammatory bowel diseases. Sexually transmitted infections are another frequent cause. Proctitis also can be a side effect of radiation therapy for certain cancers.

Proctitis signs and symptoms may include:

- A frequent or continuous feeling that you need to have a bowel movement
- Rectal bleeding
- The passing of mucus through your rectum
- Rectal pain
- Pain on the left side of your abdomen
- A feeling of fullness in your rectum
- Diarrhea
- Pain with bowel movements

When to see a doctor

Make an appointment with your doctor if you have any signs or symptoms of proctitis.

Several diseases and conditions can cause the lining of the rectum to become inflamed (proctitis). They include:

- **Inflammatory bowel disease.** About 30 percent of people with inflammatory bowel disease (Crohn's disease or ulcerative colitis) have inflammation of the rectum.

- **Infections.** Sexually transmitted infections, spread particularly by people who engage in anal intercourse, can result in proctitis. Sexually transmitted infections that can cause proctitis include gonorrhea, genital herpes and chlamydia. Infectious proctitis is also associated with HIV. Infections associated with foodborne illness, such as salmonella, shigella and campylobacter infections, also can cause proctitis.
- **Radiation therapy for cancer.** Radiation therapy directed at your rectum or nearby areas, such as the prostate, can cause inflammation of the lining of your rectum. Radiation proctitis can begin during radiation treatment and last for a few months after treatment. Or it can occur years after treatment.
- **Antibiotics.** Sometimes antibiotics used to treat an infection can kill helpful bacteria in the bowels, allowing the harmful *Clostridium difficile* bacteria to grow in the rectum.
- **Diversion proctitis.** Proctitis can occur in people following some types of colon surgery in which the passage of stool is diverted from the rectum.
- **Food protein-induced proctitis.** This can occur in infants who drink either cow's milk- or soy-based formula, and in those who are breastfed by mothers who eat dairy products.
- **Eosinophilic proctitis.** A form of proctitis caused by accumulation of a kind of white blood cell (eosinophil) in the lining of the rectum that affects only children younger than 2.

Risk factors for proctitis include:

- **Unsafe sex.** Practices that increase your risk of a sexually transmitted infection (STI) can increase your risk of proctitis. Your risk of contracting an STI increases if you have multiple sex partners, don't use condoms and have sex with a partner who has an STI.
- **Inflammatory bowel diseases.** Having an inflammatory bowel disease (ulcerative colitis or Crohn's disease) increases your risk of proctitis.
- **Radiation therapy for cancer.** Radiation therapy directed at or near your rectum (such as for rectal, ovarian or prostate cancer) increases your risk of proctitis.

Proctitis that isn't treated or that doesn't respond to treatment may lead to complications, including:

- **Anemia.** Chronic bleeding from your rectum can cause anemia. With anemia, you don't have enough red blood cells to carry adequate oxygen to your tissues. Anemia causes you to feel tired, and you may also experience dizziness, shortness of breath, headache, pale skin and irritability.
- **Ulcers.** Chronic inflammation in the rectum can lead to open sores (ulcers) on the inside lining of the rectum.
- **Fistulas.** Sometimes ulcers extend completely through the intestinal wall, creating a fistula, an abnormal connection that can occur between different parts of your intestine, between your intestine and skin, or between your intestine and other organs, such as the bladder and vagina.

Start by seeing your family doctor or a general practitioner if you have rectal pain or bleeding, or if you continuously feel the need to have a bowel movement. If your doctor suspects you may have proctitis, you may be referred to a doctor who specializes in diseases of the digestive system (gastroenterologist).

Here's some information to help you get ready and to know what to expect from your doctor.

What you can do

- **Be aware of any pre-appointment restrictions.** At the time you make the appointment, be sure to ask if there's anything you need to do in advance, such as restrict your diet.
- **Write down any symptoms you're experiencing**, including any that may seem unrelated to the reason for which you scheduled the appointment.
- **Write down key personal information**, including any major stresses or recent life changes.
- **Make a list of all medications**, as well as any vitamins or supplements, that you're taking.
- **Take a family member or friend along** to help you remember everything you and your doctor talked about.
- **Write down questions to ask** your doctor.

Questions to ask your doctor

- Is proctitis causing my symptoms or condition?
- What are possible causes for my proctitis?
- What kinds of tests do I need?
- What are my treatment options?
- What are the benefits and risks of each treatment option?
- I have these other health conditions. How can I best manage them together?
- Are there any restrictions that I need to follow?
- Is there a generic alternative to the medicine you're prescribing?
- Are there any brochures or other printed material that I can take with me? What websites do you recommend?
- What will determine whether I should plan for a follow-up visit?

Don't hesitate to ask other questions.

Tests and procedures used to diagnose proctitis include:

- **Blood tests.** These can detect blood loss or infections.
- **Stool test.** You may be asked to collect a stool sample for testing. A stool test may help determine if your proctitis is caused by a bacterial infection.
- **Scope exam of the final portion of your colon.** During a flexible sigmoidoscopy, your doctor uses a slender, flexible, lighted tube to examine the sigmoid, the last part of your colon — including the rectum. During the procedure, your doctor can also take small samples of tissue (biopsy) for laboratory analysis.
- **Scope exam of your entire colon.** A colonoscopy allows your doctor to view your entire colon using a thin, flexible, lighted tube with an attached camera. Your doctor can also take a biopsy during this test.

- **Testing for sexually transmitted infections.** This involves obtaining a sample of discharge from your rectum or from the tube that drains urine from your bladder (urethra).

If the cause of your proctitis is likely to be an STI, your doctor may insert a narrow swab into the end of your urethra or anus to obtain the sample, which is then tested for the presence of bacteria or other infectious organisms. The results can be used to select the most effective treatment.

Treatment for proctitis depends on the underlying cause of the inflammation.

Treatment for proctitis caused by an infection

Your doctor may recommend medications to treat your infection. Options may include:

- **Antibiotics.** For proctitis caused by bacterial infections, your doctor may recommend an antibiotic, such as doxycycline (Periostat, Vibramycin).
- **Antivirals.** For proctitis caused by viral infections, such as the sexually transmitted virus herpes, your doctor may prescribe an antiviral medication, such as acyclovir (Sitavig, Zovirax, others).

Treatment for proctitis caused by radiation therapy

Mild cases of radiation proctitis may not require treatment. In other cases, radiation proctitis can cause severe pain and bleeding that requires treatment. Your doctor may recommend treatments such as:

- **Medications.** Medications are given in pill, suppository or enema form. They include sucralfate (Carafate), mesalamine (Asacol, Canasa, others) and sulfasalazine (Azulfidine), and metronidazole (Flagyl). These medications can help control inflammation and reduce bleeding.
- **Stool softeners and dilation.** These can help open up obstructions in the bowel.
- **Treatment to destroy damaged tissue.** These techniques improve proctitis symptoms by destroying abnormal tissue (ablation) that is bleeding. Ablation procedures used to treat proctitis include argon plasma coagulation (APC), electrocoagulation and other therapies.

Proctitis caused by inflammatory bowel disease

Treatment of proctitis related to Crohn's disease or ulcerative colitis is aimed at reducing the inflammation in your rectum. Treatment may include:

- **Medications to control rectal inflammation.** Your doctor may prescribe anti-inflammatory medications, either by mouth or as a suppository or enema — such as mesalamine (Asacol, Canasa, others) — or corticosteroids — such as prednisone (Rayos) or budesonide (Entocort EC, Uceris). Inflammation in people with Crohn's disease often requires treatment with a medication that suppresses the immune system, such as azathioprine (Azasan, Imuran) or infliximab (Remicade).
- **Surgery.** If drug therapy doesn't relieve your signs and symptoms, your doctor may recommend surgery to remove a damaged portion of your digestive tract.

For temporary relief of mild pain and inflammation, try the following self-care measures:

- **Ask your doctor before using over-the-counter (OTC) diarrhea medicines.** Don't take OTC anti-diarrhea drugs, such as loperamide (Imodium A-D), without your doctor's OK.
- **Avoid food just before bedtime.** Eating just before going to bed may stimulate your digestive system and cause you to have bowel movements and discomfort at night.
- **Take over-the-counter pain relievers.** Acetaminophen (Tylenol, others) may be helpful, but ask your doctor before taking aspirin or ibuprofen (Advil, Motrin IB, others), as in some cases these may make your proctitis worse.
- **Use a sitz bath with warm water.** A sitz bath fits over the toilet. You can get one at a medical supply store or some pharmacies. This may provide some comfort if you experience anal inflammation.

To reduce your risk of proctitis, take steps to protect yourself from sexually transmitted infections (STIs). The surest way to prevent an STI is to abstain from sex, especially anal sex. If you choose to have sex, reduce your risk of an STI by:

- Limiting your number of sex partners
- Using a latex condom during each sexual contact
- Not having sex with anyone who has any unusual sores or discharge in the genital area

If you're diagnosed with a sexually transmitted infection, stop having sex until after you've completed treatment. That way you can avoid passing the infection to your partner. Ask your doctor when it's safe to have sex again.

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